INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to MarshH@michigan.gov.

CHECK THE APPROPRIATE	E BOX:			
X For Profit Company	☐ Local School	_	☐ Community-Based Organization	
□ Non-Profit Organization□ Institution of Higher Education	☐ Public School Academy☐ Intermediate School District		☐ Private School☐ Faith-Based Organization	
			3 T 41411 D 4150 G 7 8	
Section 1: Provider Identifica	ation			
Name of Entity EduTech Co	gnitive Therapy, LLC	1		
Name of Director Roderica J	lames			
Address 8900 East Jefferson Suite 1030		City Detroit	State Mich	. Zip 48214
Phone 248-224-3445 Fa	ax 313-340-0086	Email Dire	ector@EduTech	 4Learning.com
Proposed Location of Service	es (if different from a	bove):		
Address 65 Rhode Island	City Highland Pa	ark State Mich	. Zip 48203	
If different from Director:				
Name of Contact Person		C' 1	G4 4	7.
Address		City	State	Zip
Phone Fa	ax	Email		
Section 2: Provider Geograph 1. Our organization can prov All local school district	ride services to: cs/PSAs in Michigan:	Yes X No □	1 1 1 1 1 1 1 1	/DC A
To only the following a willing to serve)	reas: (Please list the	counties or local	school districts	s/PSAs you are
2. Proposed Location of Services to students:	ices – Provide address	es for the location	s where you plar	n to deliver SES
Site Location #1: West	Detroit site and Highla	nd Park site		
Site Location #2: Local	school and In-home se	ervices		
Site Location #3: Local	churches, libraries, rec	creation centers, an	d state facilities	
3. Transportation – Provide in	formation about access	sibility to public tr	ansportation from	n your site:
Transportation provided l	by parent			
4. Indicate if you are willing	to provide services t	to eligible studer	nts at the scho	ol site:

Yes X No \square

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:
Subject area will vary per student needs - Reading, Writing, Mathematics, and Cognitive
Processing skills.
<u> </u>
2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: Kdg - Adults
3. Time of Services – Indicate when you deliver services to students:
\square Before School X After School X Weekends X Summer \square Other:
4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:
X Individual Tutoring X Small Group Instruction X Large Group Instruction
X Online Web-Based
5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week
Length of Session 60 minutes Number of Sessions per week: Needs Vary: 1 to 5
6. Staffing – Indicate the type(s) of staff that provide instruction to students:
X Certified Teachers X Paraprofessionals X Volunteers X Other: Staff meet or exceed NCLB qualifications
7. Special Populations Served – Indicate special populations you are able to serve:
X Special Education X Limited English Proficient X Other: GED Prep
Section 4: Provider Fees
Cost/Fee Structure – Check and complete the cost/fee structure you use:
X \$6 <u>0 - \$9</u> 0 per hour, per student (Programs vary with cognitive training)
□ \$ (<u>flat fee</u>) for (unit of time, e.g., month, semester, year) per student.